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Date: September 9, 2003

TO:

Name	Company	Facsimile No.
Examiner: A. L. Holleran Group: 1642	U.S. Patent and Trademark Office	703.4 746.4989

FROM: Pamela M. Guy **Direct Phone:** 858-535-9001
Registration No.: 51,228
Sent By: Rebecca McElroy
Client/Matter/Tkpr: 66654-515 (P-LJ 3578) **Originals Follow by Mail:** NO
Number of Pages, Including Cover: 38

Re: United States Patent Application No.: 09/350,518

Filed: July 9, 1999

Inventor: John C. Reed

Entitled: A METHOD FOR DETERMINING THE PROGNOSIS OF CANCER PATIENTS BY
MEASURING LEVELS OF BAG EXPRESSION

SPECIAL INSTRUCTIONS:

Transmitted herewith are the following **OFFICIAL** documents:

- 1) Copy of return receipt postcard: (1 page)
- 2) Copy of Transmittal as filed June 13, 2003: (2 pages)
- 3) Copy of Response and Exhibits 1 and 2 as filed June 13, 2003: (34 pages)

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**IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE CALL
RECEPTIONIST AT 858-535-9001 AS SOON AS POSSIBLE.**

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Please acknowledge receipt of the accompanying:

☒ Response to the Office Action mailed January 13, 2003, and the interview held May 1, 2003 with attached Appendix A and Exhibits One and Two

☐ Other

☒ Transmittal form PTO-1083 (in duplicate)

☒ Petition for two-month Extension of Time (in duplicate)

Applicant's Name John C. Reed

Serial Number 09/350,518 Filing Date July 9, 1999

Examiner's Name A. L. Holleran Group Art Unit 1642

Confirmation No.: 8259

Title A METHOD FOR DETERMINING THE PROGNOSIS OF CANCER PATIENTS BY MEASURING LEVELS OF BAG EXPRESSION

☒ Fee \$205.00 is authorized to be charged to deposit account

☒ Certificate of Express Mailing No.: EV 329256535 US

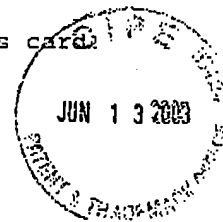
Our Client-Matter No.: 66654-515 Date Mailed: June 13, 2003

Client Burnham (P-LJ 3578) Date Due: June 13, 2003

Attorney/Secretary PMG/lgo

Place your receiving date stamp hereon and return this card

FORM UA Amend/Resp



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AMENDMENT TRANSMITTAL LETTER			CLIENT-MATTER NO.: 66654-515 (P-LY 3578)	
SERIAL NO: 09/350,518	FILING DATE: July 9, 1999	EXAMINER: A. L. Holleran	GROUP ART UNIT: 1642 CONFIRMATION NO.: 8259	
INVENTION: A METHOD FOR DETERMINING THE PROGNOSIS OF CANCER PATIENTS BY MEASURING LEVELS OF GAG EXPRESSION				

TO: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "BUSINESS MAIL"

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I HEREBY CERTIFY THAT THIS PAPER OR PPE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL" POST OFFICE TO ADDRESSEES' SERVICE DIVISION 37 C.F.R. 1.10 ON THE DATE INDICATED ABOVE, AND IS ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450 ALEXANDRIA, VA 22313-1450

COPY

Christine M. [Signature]
SIGNATURE OF PERSON MAILING (EXCEPT FOR)

Transmitted herewith is a Response to the Office Action mailed January 13, 2003, and the interview held May 1, 2003, in the above-identified application, with attached Appendix A and Exhibits 1 and 2.

- ☒ Small Entity status of this application has been established under 37 CFR 1.27.
- ☒ Petition for Extension of Time is enclosed (in duplicate).
- ☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- ☒ No additional claims fee is required.
- ☐ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED									
	NUMBER AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED		RATE		FEE		
					SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY	
TOTAL CLAIMS	36	49	0	X	\$9	\$18	\$0	\$	
INDEPENDENT CLAIMS	5	9	0	X	\$42	\$84	\$0	\$	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		YES	X NO		\$140	\$280	\$0	\$	
TOTAL ADDITIONAL FEE							\$0	\$	

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 4, write "4" in this space.

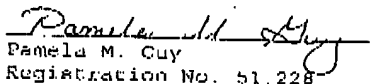
*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

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Inventors: John C. Reed
Serial No.: 09/350,518
Filed: July 9, 1999
Page 2

- ☒ Please charge my Deposit Account No. 502624 the amount of \$205.00, which covers the fee for a two-month extension of time. A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,


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